

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LORI FOR CONGRESS 2014

ADDRESS (number and street)

943 OCEAN AVE

Check if different  
than previously  
reported. (ACC)

NEW LONDON

CT

06320

2. FEC IDENTIFICATION NUMBER ▼

C

C00554956

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CT

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

27

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Victoria Laine Taskoski

Signature of Treasurer

Victoria Laine Taskoski

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

12

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

**LORI FOR CONGRESS 2014**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	12091.56	12091.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	12091.56	12091.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	14259.35	14259.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	14259.35	14259.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47625.98	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	51000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LORI FOR CONGRESS 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3277.00

3277.00

**(ii) Unitemized.....**

2814.56

2814.56

**(iii) TOTAL of contributions from individuals ▶**

6091.56

6091.56

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

6000.00

6000.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

12091.56

12091.56

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

12091.56

12091.56

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14259.35	14259.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	14259.35	14259.35

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49793.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12091.56
25. SUBTOTAL (add Line 23 and Line 24).....	61885.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14259.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47625.98

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LORI FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Canterbury Shopping Centerr, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 46 Taugwonk Spur Unit 8		<b>Transaction ID : SA11AI.4447</b>
City Stonington	State CT	
Zip Code 06378		Amount of Each Receipt this Period 500.00 In-kind - use of office space in Gristmill Plaza
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Canterbury Shopping Centerr, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 46 Taugwonk Spur Unit 8		<b>Transaction ID : SA11AI.4450</b>
City Stonington	State CT	
Zip Code 06378		Amount of Each Receipt this Period 500.00 In-kind - use of office space in Gristmill Plaza
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>M Kirk Carr Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 9 Osprey Common South		<b>Transaction ID : SA11AI.4724</b>
City Clinton	State CT	
Zip Code 06413		Amount of Each Receipt this Period 200.00 In-kind - 2 Apple Mac Mini A1103
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation N/A	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 290.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 20

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**LORI FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>M Kirk Carr Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014		
Mailing Address 9 Osprey Common South			<b>Transaction ID : SA11AI.4726</b>		
City Clinton	State CT	Zip Code 06413	Amount of Each Receipt this Period 12.00 In-kind - Apple M7803 Keyboard		
FEC ID number of contributing federal political committee. C					
Name of Employer N/A		Occupation N/A			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 302.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>M Kirk Carr Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2014		
Mailing Address 9 Osprey Common South			<b>Transaction ID : SA11AI.4728</b>		
City Clinton	State CT	Zip Code 06413	Amount of Each Receipt this Period 5.00 In-kind - Apple M2452 keyboard		
FEC ID number of contributing federal political committee. C					
Name of Employer N/A		Occupation N/A			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 307.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>M Kirk Carr Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014		
Mailing Address 9 Osprey Common South			<b>Transaction ID : SA11AI.4389</b>		
City Clinton	State CT	Zip Code 06413	Amount of Each Receipt this Period 100.00 Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer N/A		Occupation N/A			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 407.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			117.00		
<b>TOTAL</b> This Period (last page this line number only).....					

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LORI FOR CONGRESS 2014**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Charles F. Catania III</b>			Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 1 McShane Ranch Rd			<b>Transaction ID : SA11AI.4337</b>	
City	State	Zip Code		
Uncasville	CT	06382		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period Contribution	
C			210.00	
Name of Employer Vestal Marketing & Consulting		Occupation Principal		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 210.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Keehner Jr.</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 55 Renee Drive			<b>Transaction ID : SA11AI.4323</b>	
City	State	Zip Code		
Pawcatuck	CT	06379		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period Contribution	
C			500.00	
Name of Employer Stonington Borough Fire Dept.		Occupation firefighter		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Peter Lumaj</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address 745 Mill Plain Rd			<b>Transaction ID : SA11AI.4408</b>	
City	State	Zip Code		
Fairfield	CT	06824		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period Contribution	
C			250.00	
Name of Employer Law Office of P. Lumaj		Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			960.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

Dennis R. Savage

Mailing Address 382 South Burnham Hwy.

City

Lisbon

State

CT

Zip Code

06351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2014

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Renee M. Savage

Mailing Address 382 South Burnham Hwy

City

Lisbon

State

CT

Zip Code

06351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2014

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

3277.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 20

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial)

Grassroots East Federal PAC

A.

Mailing Address PO Box 979

City

Westbrook

State

CT

Zip Code

06498

FEC ID number of contributing  
federal political committee.

C C00492280

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11C.4416

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

Vernon Republican Town Committee

B.

Mailing Address 7 Rheel St

City

Rockville

State

CT

Zip Code

06066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11C.4631

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

6000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. Buttonworks**

Mailing Address 721 W. Del Paso Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Sacramento	CA	95834

Amount of Each Disbursement this Period

424.16
--------

Purpose of Disbursement  
Custom buttons 3 inch

006

**Transaction ID : SB17.4453**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Canterbury Shopping Centerr, LLC**Mailing Address 46 Taugwonk Spur  
Unit 8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
Stonington	CT	06378

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
In-kind - use of office space in Gristmill PlazaCategory/  
Type**Transaction ID : SB17.4449**

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Canterbury Shopping Centerr, LLC**Mailing Address 46 Taugwonk Spur  
Unit 8

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2014

City	State	Zip Code
Stonington	CT	06378

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
In-kind - use of office space in Gristmill PlazaCategory/  
Type**Transaction ID : SB17.4451**

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1424.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. M Kirk Carr Jr.**

Mailing Address 9 Osprey Common South

City	State	Zip Code
Clinton	CT	06413

Purpose of Disbursement  
In-kind - 2 Apple Mac Mini A1103

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.4725

**B. M Kirk Carr Jr.**

Mailing Address 9 Osprey Common South

City	State	Zip Code
Clinton	CT	06413

Purpose of Disbursement  
In-kind - Apple M7803 Keyboard

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2014

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.4727

**c. M Kirk Carr Jr.**

Mailing Address 9 Osprey Common South

City	State	Zip Code
Clinton	CT	06413

Purpose of Disbursement  
In-kind - Apple M2452 keyboard

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2014

Amount of Each Disbursement this Period

5.00
------

Transaction ID : SB17.4729

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

217.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. LORI HOPKINS CAVANAGH**

Mailing Address 943 OCEAN AVE

City	State	Zip Code
NEW LONDON	CT	06320

Purpose of Disbursement  
reimbursed various expenses

001

Category/  
Type

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: CT District: 02

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2014

Amount of Each Disbursement this Period

345.00
--------

Transaction ID : SB17.4659

Full Name (Last, First, Middle Initial)

**B. Tim Cavanagh**

Mailing Address 943 Ocean Ave

City	State	Zip Code
New London	CT	06320

Purpose of Disbursement  
Grand opening supplies

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2014

Amount of Each Disbursement this Period

341.35
--------

Transaction ID : SB17.4385

Full Name (Last, First, Middle Initial)

**c. Tim Cavanagh**

Mailing Address 943 Ocean Ave

City	State	Zip Code
New London	CT	06320

Purpose of Disbursement  
Reimbursed for food & supplies for headquarters

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2014

Amount of Each Disbursement this Period

469.97
--------

Transaction ID : SB17.4436

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1156.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. CT GOP - Federal**Mailing Address 31 Pratt Street  
4th Floor

City Hartford State CT Zip Code 06103

Purpose of Disbursement  
Table registration & war room

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4457

**B. Facebook, Inc.**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Boosted Posts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2014

Amount of Each Disbursement this Period

208.25
--------

Transaction ID : SB17.4658

**c. Facebook, Inc.**

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Promoted Post

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

6.99
------

Transaction ID : SB17.4657

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

965.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. Facebook, Inc.**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Menlo Park	CA	94025

Amount of Each Disbursement this Period

249.46
--------

Purpose of Disbursement  
Boosted Posts

004

**Transaction ID : SB17.4656**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. FASTSIGNS of Waterford**

Mailing Address 40 Boston Post Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
Waterford	CT	06385

Amount of Each Disbursement this Period

440.61
--------

Purpose of Disbursement  
Banner, Window film, Yard signs

004

**Transaction ID : SB17.4669**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Devin Keehner**

Mailing Address 55 Renee Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
Pawcatuck	CT	06379

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
Contractor services - social media/youth outreach

001

**Transaction ID : SB17.4392**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

1490.07

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

## **A. Minuteman Press**

Mailing Address 176 State St

City State Zip Code  
New London CT 06320

Purpose of Disbursement  
staple packets, postcards, folded brochures

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
05 / 19 / 2014

Amount of Each Disbursement this Period

1233.08

Transaction ID : SB17.4442

## **B. Minuteman Press**

Mailing Address 176 State St

City State Zip Code  
New London CT 06320

Purpose of Disbursement  
Campaign flyers & other paper goods

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 13 / 2014

Amount of Each Disbursement this Period

480.31

Transaction ID : SB17.4671

## **C. Minuteman Press**

Mailing Address 176 State St

City State Zip Code  
New London CT 06320

Purpose of Disbursement  
Campaign flyers & other paper goods

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2014

Amount of Each Disbursement this Period

90.49

Transaction ID : SB17.4672

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1803.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. Nino's Pizzeria**Mailing Address 1031 Route 32  
Units 6 & 7

City Uncasville State CT Zip Code 06382

Purpose of Disbursement  
Lunch-food

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	11	2014

Amount of Each Disbursement this Period

60.43
-------

Transaction ID : SB17.4391

**B. Nino's Pizzeria**Mailing Address 1031 Route 32  
Units 6 & 7

City Uncasville State CT Zip Code 06382

Purpose of Disbursement  
Food - LunchCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	16	2014

Amount of Each Disbursement this Period

20.15
-------

Transaction ID : SB17.4369

**c. Pioneer Copy Service LLC**

Mailing Address 66 Birchwood Rd

City East Hartford State CT Zip Code 06118

Purpose of Disbursement  
Printer - Ricoh Aficio MPC 2500

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	24	2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4443

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2580.58



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. Shoreline Screen Printing, LLC**

Mailing Address 10 Liberty Way, B11

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2014

City	State	Zip Code
Niantic	CT	06357

Amount of Each Disbursement this Period

445.00
--------

Purpose of Disbursement  
T-shirts

006

**Transaction ID : SB17.4637**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 292 US Route 1

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
New London	CT	06320

Amount of Each Disbursement this Period

245.02
--------

Purpose of Disbursement  
Computer accesories

006

**Transaction ID : SB17.4387**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Staples Inc.**

Mailing Address 500 Staples Drive

Date of Disbursement

M M	D D	Y Y Y Y
06	29	2014

City	State	Zip Code
Framingham	MA	01702

Amount of Each Disbursement this Period

661.55
--------

Purpose of Disbursement  
Toner Cartridges & other office items

006

**Transaction ID : SB17.4680**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

1351.57

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LORI FOR CONGRESS 2014**

Full Name (Last, First, Middle Initial)

**A. Waterford Main Office**

Mailing Address 222 Boston Post Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
Waterford	CT	06385

Amount of Each Disbursement this Period

912.27
--------

Purpose of Disbursement  
Star-Spangled Banner PSA Coil

006

Transaction ID : SB17.4371

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Wholesale Hats**Mailing Address 39301 Badger Street  
Unit 600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

City	State	Zip Code
Palm Desert	CA	92211

Amount of Each Disbursement this Period

228.27
--------

Purpose of Disbursement  
Customized hats

006

Transaction ID : SB17.4638

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

914.27

**TOTAL** This Period (last page this line number only).....

11903.09

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4320

LORI FOR CONGRESS 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

LORI HOPKINS CAVANAGH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
943 OCEAN AVE

City

State

ZIP Code

NEW LONDON

CT

06320

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
01 / 27 / 2014M M / D D / Y Y  
11/04/2014Y Y / Y Y / Y Y  
11/04/2014

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4321

LORI FOR CONGRESS 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

LORI HOPKINS CAVANAGH

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
943 OCEAN AVE

City

State

ZIP Code

NEW LONDON

CT

06320

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y  
03 / 05 / 2014M M / D D / Y Y  
11/04/2014Y Y / Y Y / Y Y  
11/04/2014

4.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

51000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.